

DAIL Adult Services Division: Medicaid Claims Codes and Reimbursement Rates
Version 7/1/19

Billing Code	CFC Home-Based Setting	Unit	Max Amount Per Unit/Other	Hourly Equivilant	Effective Date
070	Case Management by HHA or AAA (48 hrs/calendar year max)	15 min	\$18.78	\$75.12	7/1/2019
072	Personal Care by HHA	15 min	\$7.49	\$29.96	7/1/2019
077	Personal Care by Consumer-Directed Personnel - minimum per CBA	15 min	\$3.27	\$13.08	7/1/2019
081	Personal Care by Surrogate-Directed Personnel - minimum per CBA	15 min	\$3.27	\$13.08	7/1/2019
073	*Respite or Companion Care by HHA	15 min	\$6.00	\$24.00	7/1/2019
075	*Respite or Companion Care Consumer-Directed - minimum per CBA	15 min	\$3.27	\$13.08	7/1/2019
080	*Respite or Companion Care Surrogate-Directed - minimum per CBA	15 min	\$3.27	\$13.08	7/1/2019
074	*Respite in Residential Care Home	15 min	\$101.76	n/a	7/1/2019
084	*Respite by Adult Day Service provider	15 min	\$4.18	\$16.72	7/1/2019
088	Companion by Senior Companion Agency	15 min	\$2.11	\$8.44	7/1/2019
078	Home-Based Waiver Adult Day Service	15 min	\$4.18	\$16.72	7/1/2019
076	Assistive Devices & Modifications - per calendar year	As billed	\$ 842	n/a	7/1/2019
082	Personal Emergency Response Systems-Installation & 1st Month	1-time	\$ 61	n/a	7/1/2019
083	Personal Emergency Response Systems-Ongoing	1 month	\$34	n/a	7/1/2019
089	Group Directed Attendant Care (<i>approved providers only</i>)	1 day	\$214.00	n/a	6/1/2017
097	ARIS F/EA Employer Support Services #047W070	1 month	\$78.00	n/a	2/1/2019
220	ARIS F/EA CFC Flexible Choices Support Services #047W070	1 month	\$78.00	n/a	2/1/2019
071	Flexible Choices Services	As billed	individual budgets	n/a	9/1/2016
079	Flexible Choices Consultant Pre-admission Service	15 min	\$18.78	\$75.12	7/1/2019
n/a	Flexible Choices Supportive ISO Fee (reimbursed through the individual budget)	1 month	\$194	na	1/1/2019
n/a	Flexible Choices Base Rates (reimbursed through the individual budget)	1 month	\$1,267.45	na	7/1/2019
n/a	AFC Daily Respite via Authorized Agency	1 day	\$199.58	na	7/1/2019

* *Respite & Companion = 720 hours combined per calendar/year max.*

Billing Code	CFC Adult Family Care (AFC)	Unit	Max Amount Per Unit/Other	Hourly or Daily Rate	Effective Date
086	Tier 1 - Adult Family Care	1 day	\$81.71	n/a	7/1/2019
086	Tier 2 - Adult Family Care	1 day	\$93.39	n/a	7/1/2019
086	Tier 3 - Adult Family Care	1 day	\$99.76	n/a	7/1/2019
086	Tier 4 - Adult Family Care	1 day	\$105.06	n/a	7/1/2019
086	Tier 5 - Adult Family Care	1 day	\$110.36	n/a	7/1/2019
086	Tier 6 - Adult Family Care	1 day	\$116.73	n/a	7/1/2019
086	Tier 7 - Adult Family Care	1 day	\$123.10	n/a	7/1/2019
086	Tier 8 - Adult Family Care	1 day	\$130.53	n/a	7/1/2019
086	Tier 9 - Adult Family Care	1 day	\$143.26	n/a	7/1/2019
086	Tier 10 - Adult Family Care	1 day	\$165.55	n/a	7/1/2019
086	AFC In-Patient Hospital Days = 94% of applicable tier	1 day	94% of Tier	n/a	7/1/2019

Located online at: <http://www.ddas.vermont.gov/ddas-publications/publications-ddas/updated-september-2013-service-codes>

**In-patient hospital day = if the person is admitted to the hospital and still there at midnight.*

Billing Code	CFC Enhanced Residential Care Setting	Unit	Max Amount Per Unit	Hourly Equivilant	Effective Date
092	ERC-tier 1	1 day	\$54.90	n/a	7/1/2019
		1 day	\$60.74	n/a	7/1/2019
093	ERC-tier 2	1 day	\$62.49	n/a	7/1/2019
		1 day	\$68.31	n/a	7/1/2019
094	ERC-tier 3	1 day	\$70.08	n/a	7/1/2019
		1 day	\$75.92	n/a	7/1/2019
090	ERC Special Rate	1 day	Varies by provider	Provider Rate by individual	7/1/2007
	<i>(rate set for individual by prior approval)</i>				

Billing Code	MFP Demonstration Grant	Unit	Max Amount Per Unit	Hourly or Daily Rate	Effective Date
087	MFP Transition Funds (Prior Authorization Required)	1 Unit=1 Service (PA	\$2,500 per person One-time	n/a	4/1/2012

Billing Code	CFC Home-Based Setting, Moderate Needs	Unit	Max Amount Per Unit	Hourly or Daily Rate	Effective Date
070	Case Management <i>(max of 12 hrs per calendar year)</i>	15 min	\$18.78	\$75.12	7/1/2019
095	Homemaker <i>(Max of 6 hours per week)</i>	15 min	\$5.38	\$21.52	7/1/2019
096	*Adult Day <i>(Max of 50 hours per week)</i>	15 min	\$4.18	\$16.72	7/1/2019
071	Flexible Funding Allowance	As billed	Pay as billed	max allowance	4/1/2014
n/a	ARIS F/EA for MNG self-hired (via case management agency)	1 month	\$63.00	n/a	2/1/2019
n/a	MNG Flex Funds Admim Fee - Case Management Agency	1 month	\$36	n/a	7/1/2019
n/a	MNG Flex Funds Self-Hire - Minimum Hourly (via case management agency)	15 min	\$3.27	\$13.08	7/1/2019

**Maximum of 50 hours (200 units) a week may be billed up to 934 units (233.5 hours) per month.*

Billing Code	CFC Nursing Home Setting	Unit	Max Amount Per Unit	Hourly or Daily Rate	Effective Date
120	Room and Board, 2 Bed Semiprivate, General Classification	1 day	Set per Provider	Daily	varies
128	Room and Board, 2 Bed Semi-private, Rehabilitation	1 day	Set per Provider	Daily	varies
130	Room and Board, 3-4 Bed Semiprivate, General	1 day	Set per Provider	Daily	varies
169	Level 2/Swing Bed	1 day	Set per Provider	Daily	varies
182	Nursing Home Leave of Absence Day	1 day	Set per Provider	Daily	varies
185	Nursing Home Bed Hold	1 day	Set per Provider	Daily	varies

Billing Code	Attendant Services Program	Unit	Max Amount Per Unit	Hourly Rate	Effective Date
S5126	*ARIS F/EA Employer Support Services #1008601	1 month	\$78.00	n/a	2/1/2019

s5125	ASP - Medicaid	15 min	\$3.24	\$12.96	7/1/2019
n/a	ASP - General Fund	1 hour	\$12.56	\$12.56	7/1/2019
n/a	ARIS F/EA Employer Support Services - General Funds	1 month	\$57.00	n/a	2/1/2019

Billing Code	Traumatic Brain Injury (TBI) Services	Unit	Max Amount Per Unit	Hourly or Daily Rate	Effective Date
T2038 U8	Community Supports: Rehab/Long Term	1 day	\$78.60	\$78.60	7/1/2019
T2038 HI	Community Supports: Mental Health Funded	1 day	\$78.60	\$78.60	7/1/2019
S9125 U8	Respite: Rehab/Long Term (CBA)	1 day	\$196.56	\$196.56	7/1/2019
S9125 HI	Respite: Mental Health Funded (CBA)	1 day	\$196.56	\$196.56	7/1/2019
T1016 U8	Case Management: Rehab/Long Term	15 min	\$12.75	\$51.00	7/1/2019
T1016 HI	Case Management: Mental Health Funded	15 min	\$12.75	\$51.00	7/1/2019
T2017 U8	Rehabilitation: Rehab/Long Term	15 min	\$5.38	\$21.52	7/1/2019
T2017 HI	Rehabilitation: Mental Health Funded	15 min	\$5.38	\$21.52	7/1/2019
T2025 U8	Environmental & Assistive Technology: Rehab/Long Term	1 Unit=Lifetime	\$4,080.00	\$4080/Lifetime	7/1/2019
T2025 HI	Environmental & Assistive Technology: Mental Health Funded	1 Unit=Lifetime	\$4,080.00	\$4080/Lifetime	7/1/2019
T2034 U8	Crisis Support: Rehab/Long Term	1 day	\$524.03	\$524.03	7/1/2019
T2034 HI	Crisis Support: Mental Health Funded	1 day	\$524.03	\$524.03	7/1/2019
H0036 U8	Psychology & Counseling Supports: Rehab/Long Term	15 min	\$17.03	\$68.12	7/1/2019
H0036 HI	Psychology & Counseling Supports: Mental Health Funded	15 min	\$17.03	\$68.12	7/1/2019
T2019 U8	Employment Supports: Rehab/Long Term	15 min	\$5.38	\$21.52	7/1/2019
T2019 HI	Employment Supports: Mental Health Funded	15 min	\$5.38	\$21.52	7/1/2019
T1020 U8	TBI Personal Care Daily Rate: Rehab/Long Term	1 day	\$309.17	individual rates	7/1/2019
T1020 UD	TBI Personal Care Daily Rate: Mental Health Funded	1 day	\$309.17	individual rates	7/1/2019
T2024 U8	Pre-Admission Planning: Rehab/Long Term	15 min	\$12.75	\$51.00	7/1/2019
T2024 HI	Pre-Admission Planning: Mental Health Funded	15 min	\$12.75	\$51.00	7/1/2019
99199	ARIS F/EA employer support services / respite	1 month	\$78.00	n/a	2/1/2019

Billing Code	Global Commitment Services: ACCS and DHRS	Unit	Max Amount Per Unit	Hourly or Daily Rate	Effective Date
98	Assistive Community Care Services (ACCS) - (DVHA Budget)	1 day	\$42.25	\$42.25	7/1/2019
99	*Day Health Rehabilitation Services (DHRS) - (DAIL Budget)	15 min	\$4.18	\$16.72	7/1/2019
G0299HTHB	Adult High Tech Skilled Nursing Care- RN (DVHA Budget)	15 min	\$13.26	\$53.04	7/1/2019
G0300HTHB	Adult High Tech Skilled Nursing Care- LPN (DVHA Budget)	15 min	\$13.26	\$53.04	7/1/2019
G0156HTHB	Adult High Tech Services by High Tech LNA (DVHA Budget)	15 min	\$7.16	\$28.64	7/1/2019
T1001HTHB	Adult High Tech Nursing Assessment RN/LPN (DVHA Budge)	1 visit	\$71.49	1 unit/month	7/1/2019

*Maximum of 50 hours (200 units) per week.

SFY2020 Moderate Needs Caps: Area Agency on Aging Flex Funds Caps

Located online at: <http://www.ddas.vermont.gov/ddas-publications/publications-ddas/updated-september-2013-service-codes>

CFC Provider Number	Provider	SFY2020 Cap	effective date
047W013	Age Well	\$110,206	7/1/2019-6/30/2020
047W014	Central VT Council on Aging	\$63,771	7/1/2019-6/30/2020
047W003	Northeast Kingdom Council on Aging	\$44,349	7/1/2019-6/30/2020
047W015	Senior Solutions	\$63,326	7/1/2019-6/30/2020
047W024	Southwestern VT Council on Aging	\$60,283	7/1/2019-6/30/2020
<i>Total:</i>		\$341,935	\$341,935

SFY2020 Moderate Needs Caps: Home Health Agency (Homemaker and Flex Funds Combined)			
CFC Provider Number	Provider	SFY2020 Cap	effective date
047W005	Addison County Home Health and Hospice	\$210,911	7/1/2019-6/30/2020
1018457	Bayada Nurses	\$22,143	7/1/2019-6/30/2020
047W016	Central VT Home Health and Hospice	\$321,709	7/1/2019-6/30/2020
047W001	Franklin County Home Health Agency	\$250,308	7/1/2019-6/30/2020
047W019	Lamoille Home Health	\$152,746	7/1/2019-6/30/2020
047W004	Northern Counties Health Care Inc.,	\$237,010	7/1/2019-6/30/2020
047W023	Orleans-Essex VNA & Hospice, Inc.	\$267,214	7/1/2019-6/30/2020
047W017	VNA and Hospice of VT/NH	\$768,144	7/1/2019-6/30/2020
047W192	UVMHN Home Health & Hospice	\$660,694	7/1/2019-6/30/2020
047W012	VNA and Hospice of the Southwest Region (Rutland)	\$628,087	7/1/2019-6/30/2020
<i>Total Home Health:</i>		\$3,518,966	

SFY2020 Moderate Needs Caps: Adult Day			
CFC Provider Number	Provider	SFY2020 Cap	effective date
047W030	Bennington Project Independence	\$183,593	7/1/2019-6/30/2020
047W032	The Gathering Place (Brattleboro Area Adult Day Services)	\$173,570	7/1/2019-6/30/2020
047W164	CarePartners	\$168,103	7/1/2019-6/30/2020
047W031	Elderly Services, Inc.	\$353,214	7/1/2019-6/30/2020
047W371	Gifford Medical Center (Includes Barre PI)	\$246,656	7/1/2019-6/30/2020
047W272	Meeting Place	\$62,326	7/1/2019-6/30/2020
047W021	Out & About (Lamoille Day Health Services)	\$201,490	7/1/2019-6/30/2020
047W028	Oxbow Senior Independence Program, Inc.	\$32,974	7/1/2019-6/30/2020
047W026	Riverside Life Enrichment Center	\$157,929	7/1/2019-6/30/2020
047W033	Rutland Community Programs, Inc.	\$50,654	7/1/2019-6/30/2020
047W069	Springfield Hospital	\$223,834	7/1/2019-6/30/2020
047W192	UVMHN Home Health Adult Day	\$315,012	7/1/2019-6/30/2020

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Total: \$2,169,355

Caregiver Wages Effective 7/1/2019 (Established through Collective Bargaining Agreement)

Service	minimum wage	*Min hourly rate on file after multiplier	max. hourly wage	*Max hourly rate after multiplier
CFC Personal Care by Consumer-Directed Personnel - Hourly	\$11.55	\$13.08	\$25.00	\$28.27
CFC Personal Care by Surrogate-Directed Personnel - Hourly	\$11.55	\$13.08	\$25.00	\$28.27
CFC Respite Care or Companion by Consumer-Directed Personnel - Hourly	\$11.55	\$13.08	\$25.00	\$28.27
CFC Respite Care or Companion by Surrogate-Directed Personnel - Hourly	\$11.55	\$13.08	\$25.00	\$28.27
Moderate Needs Flex Funds - Self-Hire - Hourly	\$11.55	\$13.08	\$25.00	\$28.27
Attendant Services Program- Medicaid - Hourly	\$11.55	\$12.96	\$25.00	\$28.04
Attendant Services Program-General Fund - Hourly	\$11.55	\$12.56	\$25.00	\$27.23
TBI respite daily rate	\$176.48	\$196.56	n/a	n/a
CFC Daily Respite (AFC, Flex Funds)	\$176.48	\$199.58	n/a	n/a

***Workers Comp/Unemployment/Sick Leave Multipliers 7/1/2019**

Choices for Care	13.09%
Attendant Services Program - Medicaid	12.15%
Attendant Services Program - General Funds	8.90%
Traumatic Brain Injury	11.38%